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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/714,204
		Filing Date	November 14, 2003
		First Named Inventor	Shogo Oneda
		Art Unit	2622
		Examiner Name	To be assigned
Total Number of Pages in This Submission	7	Attorney Docket Number	6453P016

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Receipt Postcard (1); Copies of Cited Art (6).	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)		
<input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Certified Copy of Priority Document(s)			
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Basic Filing Fee			
<input type="checkbox"/> Declaration/POA			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael J. Mallie, Reg. No. 36,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 8, 2007

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Kelly Patterson		
Signature		Date	June 8, 2007



FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/714,204
Filing Date	November 14, 2003
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Art Unit	2622
Attorney Docket No.	6453P016

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

SUBTOTAL (2) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael J. Mallie	Registration No. (Attorney/Agent)	36,591	Telephone	(408) 720-8300
Signature				Date	06/08/07



Docket No.: 6453P016

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Take the Application of:

SHOGO ONEDA, ET AL.

Application No.: 10/714,204

Filed: November 14, 2003

For: IMAGE SENDING APPARATUS AND IMAGE RECEIVING
APPARATUS FOR SENDING AND RECEIVING CODE
SEQUENCE DATA

Art Group: 2622

Examiner: To be assigned

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted before the mailing of a first Office Action. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

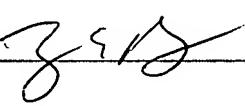
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

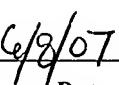
Date: June 08, 2007


Michael J. Mallie, Reg. No. 36,591

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Los Angeles, CA 90025
Telephone: (408) 720-8300

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Kelly Patterson


Date
6/8/07



<p>Substitute for form 1449A/PTO</p> <h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <p><i>(use as many sheets as necessary)</i></p>				<p>Complete if Known</p>	
Sheet	1	of	2	Application Number	10/714,204
				Filing Date	November 14, 2003
				First Named Inventor	Shogo Oneda
				Art Unit	2622
				Examiner Name	To be assigned
				Attorney Docket Number	6453P016

U.S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Signature		Date Considered	
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**Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.*

¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

Based on PTO/SB/08A (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wfr) 08/11/2003.

Send To: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Substitute for form 1449A/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Application Number	10/714,204
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				Art Unit	2622
				Examiner Name	To be assigned
				Attorney Docket Number	6453P016
Sheet	2	of	2		

NON-PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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***Examiner:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

***Applicant's unique citation designation number. *Applicant is to place a check mark here if English language Translation is attached.**

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